

jc796 U.S. PTO  
06/18/01

06/20/01

"uX1 A/Reissue

REISSUE PATENT APPLICATION TRANSMITTAL		
<b>Address to:</b>  Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No. <b>D/89194R</b> First Named Inventor <b>Dan S. Bloomberg</b> Original Patent Number <b>6,076,738</b> Original Patent Issue Date (Month/Day/Year) <b>06/20/2000</b> Express Mail Label No. <b>EE644214726US</b>	
		
	<b>APPLICATION FOR REISSUE OF:</b> <i>(check applicable box)</i>	
	<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent	
	<b>APPLICATION ELEMENTS</b>	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>  2. <input checked="" type="checkbox"/> Specification and Claims      (Total Pages: 15) <i>(amended, if appropriate)</i>  3. <input checked="" type="checkbox"/> Drawing(s)      (Total Sheets: 16) <i>(proposed amendments, if appropriate)</i>  4. <input checked="" type="checkbox"/> Reissue Oath or Declaration (original or copy) <i>(37 C.F.R. 1.175) (PTO/SB/51 or 52)</i>  5. Original U.S. Patent  <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. 1.178) <i>(PTO/SB/53 or PTO/SB/54)</i> or <input type="checkbox"/> Ribboned Original Patent Grant  <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)  6. Original U. S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If Yes, check applicable box(es))</i>  <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)  <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney		
<b>ACCOMPANYING APPLICATION PARTS</b>		
7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>  8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>  10. <input type="checkbox"/> * Small Entity Statement(s) <i>(PTO/SB/09-12)</i> <input type="checkbox"/> Statement filed in prior application, Status still proper and desired  11. <input type="checkbox"/> Preliminary Amendment  12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>  13. <input checked="" type="checkbox"/> Other: Status and Support for New Claims - 37 CFR 1.173(c)		
<small>*NOTE FOR ITEMS 1 &amp; 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. 1.28).</small>		
<b>14. CORRESPONDENCE ADDRESS</b>		
<input type="checkbox"/> Customer Number or Bar Code Label      or <input checked="" type="checkbox"/> Correspondence address below		
NAME      Mark Costello		
ADDRESS      Xerox Corporation, Xerox Square - 20A		
CITY      Rochester      STATE      NY      ZIP CODE      14644		
COUNTRY      U.S.A.      TELEPHONE      FAX      716-423-5240      or      716-423-2750		
NAME      JEANNETTE M. WALDER      REGISTRATION NO. (ATTORNEY/AGENT)      30,698		
SIGNATURE <i>Jeannette M. Walder</i> DATE      6-18-01		

JC796 U.S. PTO

06/18/01

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Attorney Docket Number:  
D/89194R

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 8	Total Claims (37 CFR 1.16(j))	(B) 28	****	x \$	= \$	x \$ 18.00 = \$ 144.00 or x \$ 80.00 = \$ 160.00	\$ 144.00 \$ 160.00
	Independent Claims (37 CFR 1.16(i))		*	x \$	= \$		
(C) 2		(D) 5	2 =	x \$	= \$		\$ 710.00
			Basic Fee (37 CFR 1.16(h))		\$		
			Total Filing Fee		\$	OR	\$ 1,014.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$	= \$	x \$	= \$
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	*	x \$	= \$	x \$	= \$
			Total Additional Fee		\$	OR		\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. 24-0025 in the amount of \$1,014.00.  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No.  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ to cover the filing / additional fee is enclosed.

Jeannette M. Walder  
Attorney for Applicant(s)  
Registration No. 30,698  
Telephone: 310.333.3660

Xerox Corporation  
El Segundo, California  
Date: 6/18/2001